



State of Vermont
Abandoned Property Division
Office of the State Treasurer
133 State Street
Montpelier, Vermont 05633-6200
Phone: 802-828-2407
Fax: 802-828-2772

REPORT
COVER
SHEET

Report of Abandoned Safe Deposit Boxes

File this Report on or before May 1st. Please do not file with regular report

Holder Name and Address:	Contact Person:
	Phone:
	Report Year:
	The foregoing address is that of the Main Office <input type="checkbox"/> A Branch Office <input type="checkbox"/>

If you are the successor to a previous holder of the property, or if you have changed your name, please list prior name(s) below:

1. NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

NOTE: Please do not send this report (report of Safe Deposit boxes) with your regular report. Please MAIL separately or affix to box. **DO NOT** put inside box.

State of _____ County of _____

The undersigned, (print name) _____, being duly sworn on oath, deposes and says that he/she has caused to be prepared and has examined this report of _____ pages, totaling \$_____, as to property presumed abandoned under the Vermont Statutes Annotated, Title 27, Chapter 13 for the year ending as stated and that he/she acting as duly authorized representative of _____ declares, in accordance with Title 13, Chapter 67, Section 3016 'False Claims', that, to the best of his/her knowledge and belief, said report is a true and complete statement of all abandoned property held or owing by the HOLDER at the close of business on this date, except such items as have since said date, ceased to be abandoned.

Signature & Title: _____

Notary: _____

Subscribed and sworn before me this _____ day of _____, in the year of _____.